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CONFIRMATION NO. 9525

<b>SERIAL NUMBER</b> 10/038,982	<b>FILING OR 371(c) DATE</b> 01/04/2002 <b>RULE</b>	<b>CLASS</b> 709	<b>GROUP ART UNIT</b> 2155	<b>ATTORNEY DOCKET NO.</b> 062891.0613
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\*\* CONTINUING DATA \*\*\*\*\* *No*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *No*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 02/08/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NC	SHEETS DRAWING 2	TOTAL CLAIMS <i>31</i> 26	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>		

## ADDRESS

5073

## TITLE

System, device, and method for communicating user identification information over a communications network

<b>FILING FEE RECEIVED</b> 1106	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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